Image# 29933358960

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION		
i Oitim i	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
UnitedHealth C	Group Incorporated PAC (United	for Health)		
ADDRESS (number and s	treet) 9900 Bren Road Eas	st 		
(Check if address			11111	
is changed)	Minnetonka		MN	55343 _
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-			
(Check if address is changed)	andrew_g_tapling@	uhc.com		
o o mangata)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	1		11111	
is changed)				
2. DATE 0.3	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00274431		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
L certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ct and complete	
,	·		р	
Type or Print Name of	Freasurer Eric Rangen			
Signature of Treasurer	Electronically Filed by Eric Rang	gen	Date 03	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this		
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	on contact:	FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2							
5.			OMMITTEE (Check One) Committee:								
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	he candidate							
	Name Candi										
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi										
	Party	Comm									
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Politic	cal Act	tion Committee (PAC):								
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:							
			X Corporation Corporation w/o Capital Stock La	bor Organization							
			Membership Organization Trade Association Co	poperative							
			χ In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party							
			In addition, this committee is a Lobbyist/Registrant PAC.								
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint F	Fundra	ising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political							
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political							
		Com	mittees Participating in Joint Fundraiser								
			1. FEC ID number								
			2. FEC ID number								
			3. FEC ID number								
			. FEC ID number C								

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name			
UnitedHealth Group In	ncorporated PAC (United for Health)		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising F	Representative, or Leade	ership PAC Sponsor
UnitedHealth Group			
			<u> </u>
Mailing Address	9900 Bren Road East		
	Minnetonka	<u> MN</u> _	55343 _ [
	CITY▲	STATE A	ZIP CODE
Relationship:			
X Connected Organization	n Affiliated Committee Joint Fundrais	sing Representative	Leadership PAC Sponsor
possession of Committee	dentify by name, address, (phone number option be books and records. ew Tapling 9900 Bren Road East	nal), and position of th	ne person in
	Minnetonka	MN	55343
Title or Position ♥ Book Ke	CITY A eper Teleph	STATE and some number 952	ZIP CODE A - 936 - 7140
	e and address (phone number optional) of the to ny designated agent (e.g., assistant treasurer).	reasurer of the commi	ttee; and the
	Rangen		
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Treasure	er Teleph	none number952	936 5778

	FEC Form 1	(Revised 02/	(2009)				Page 4
	Full Name of Designated Agent	_	Karen Erickson				
	Mailing Address	_	9900 B	ren Road East			
		-	Minnet	onka		MN	55343 –
	Title or Position ▼			CITY A		STATE A	ZIP CODE A
	De	esignated <i>i</i>	Agent		Telephone num	per	. –
9.	Banks or Other D safety deposit boxe Name of Bank, Dep	es or maintain	s funds.	her depositories in whi	ch the committee c	eposits funds, ho	olds accounts, rents
	Mailing Address		P.O. Box 329				
			Pittsburgh			PA	15230
				CITY 🛕		STATE △	ZIP CODE 🛕
	Name of Bank, De	pository, etc.					
	Mailing Address						
				CITY 🔺		STATE ⊿	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
L			
	CITY 🗻	STATE_	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repres		[ADDITIONAL] ership PAC Sponsor
Mailing Address	701 Pennsylvania Avenue, NW		
	Suite 650		
	Washington	DC L	20004
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	entative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
	<u> </u>	D number	

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, h	nolds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lead	[ADDITIONAL]
	PAC of Pennsylvania (United for Health PAC of F		· ·
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	sentative L	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
1		ID number C	
		_	

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the committe s funds	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	rporated PAC of New York (United for Health PA		[ADDITIONAL]
Mailing Address	9900 Bren Road East		
	Minnetonka	MN L	55343
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

Banks or Other Depositories safety deposit boxes or mainta		ommittee deposits funds, holds	s accounts, rents
Name of Bank, Depository, etc]	ADDITIONAL]
Mailing Address			
	1		
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
	CITT Z	SIAILA	ZIP CODE A
	orporated PAC of Georgia (United for Healt	h PAC of Georgia)	
Mailing Address	3300 Bigli hoad East		
	Minnetonka	MN L	55343
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising	g Representative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name		1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
Mailing Address			
maining / redicate			
Title or Position ▼	CITY A	STATE₄	ZIP CODE A
	Te	elephone number	
		<u> </u>	[ADDITIONAL]
Joint Fundraiser Participant			[ADDITIONAL]
1		FEC ID number C	

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lead	[ADDITIONAL] ership PAC Sponsor
UnitedHealth Group Inco	rporated PAC of Texas (United for Health PAC o	f Texas)	
Mailing Address	9900 Bren Road East		
	N*************************************		
	Minnetonka	LLL [55343
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant	<u> </u>		[ADDITIONAL]
1		ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
L			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre		
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	esentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephon	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	C ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE. △	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repres	entative, or Lead	[ADDITIONAL] ership PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka	MN L	55343
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	entative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant	·		[ADDITIONAL]
	FEC!	D number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committe	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	Tollide.		[ADDITIONAL]
Mailing Address			
L			
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre-		[ADDITIONAL] ership PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	ee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	Tollido.		[ADDITIONAL]
Mailing Address			
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L			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre		[ADDITIONAL] ership PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka		55343
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	esentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
	Telephon	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	C ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committe	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address		1 1 1 1 1	
		1 1 1 1 1	
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre-		[ADDITIONAL] ership PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
Relationship:	CITY▲	STATE	ZIP CODE 🛦
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
		e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the committee stunds.	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🗻	STATE. △	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repres		[ADDITIONAL] ership PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka	L L	55343
delationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	sentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE.	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

safety deposit boxes or maintai	ns funds.	•	
Name of Bank, Depository, etc			[ADDITIONAL]
Mailing Address			
	1		
	OITY -	CTATE .	7ID CODE -
	CITY 🛕	STATE. △	ZIP CODE 🛕
	ganization, Affiliated Committee, Joint Fundraising Rep PAC of New Mexico (United for Health PAC of	-	[ADDITIONAI rship PAC Sponsor
Mailing Address	9900 Bren Road East		
	Minnetonka	MN	55343
ationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	epresentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address Title or Position ▼	CITY A	STATE &	ZIP CODE A
		STATE ∆	ZIP CODE A
	Teleph		ZIP CODE &

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committed	tee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
L			
L			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Organ UnitedHealthcare PAC (RI	nization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leade	[ADDITIONAL]
Mailing Address	475 Kilvert Street		
			02886
Relationship:	СІТУ▲	STATE	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	resentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
		ne number	
Joint Fundraiser Participant	·		[ADDITIONAL]
	FE	C ID number	

Image# 29933358977	
Form/Schedule: F1A Transaction ID:	Amending the Report to disclose lobbyist registrant/committee and affiliated political action committees.
***************************************	***************************************